

RHODE ISLAND RADIATION CONTROL AGENCY
REGISTRATION CERTIFICATE – *IN-VITRO* TESTING
WITH RADIOACTIVE MATERIAL UNDER GENERAL LICENSE

Section C.4.2(g) of the Rhode Island Rules and Regulations for The Control of Radiation establishes a general license authorizing physicians, clinical laboratories, hospitals, and veterinarians in the practice of veterinary medicine to possess certain small quantities of radioactive material for *in-vitro* clinical or laboratory tests not involving the internal or external administration of the radioactive material or the radiation therefrom to human beings or animals. Possession of radioactive material under C.4.2(g) is not authorized until the physician, clinical laboratory, hospital, or veterinarian in the practice of veterinary medicine, has filed Agency Form GEN-3 and received from the Rhode Island Radiation Control Agency a validated copy of Agency Form GEN-3 with a registration number.

INSTRUCTIONS: Send two copies of the entire completed application to: RI Department of Health, Radiation Control Agency, 3 Capitol Hill - Room 206, Providence, RI 02908-5097. A registration number will be assigned, and a validated copy of Agency Form GEN-3 will be returned.

1. I hereby apply for a registration number pursuant to C.4.2(g) for use of radioactive materials for (*Check one block only*):
- The clinical laboratory named in Item 2.
 - The hospital named in Item 2.
 - Myself, a duly licensed physician authorized to dispense drugs in the practice of medicine.
 - Veterinarian in the practice of veterinary medicine.

2. **NAME, MAILING ADDRESS AND PHONE NUMBER OF APPLICANT:**

3. If place of use is different from address listed above, give complete address:

4. **CERTIFICATION** (*Must be completed*):

I hereby certify that:

- A. All information contained in this registration is true and complete.
- B. The registrant has appropriate radiation measuring instruments to carry out the tests for which radioactive material will be used under the general license of C.4.2(g). The tests will be performed only by personnel competent in the use of the instruments and in the handling of the radioactive materials.
- C. I understand that Rhode Island Radiation Control Agency regulations require that any change in the information furnished by a registrant on this registration certificate be reported to the Agency within 30 days from the effective date of such change.
- D. I have read and understand the provisions of Section C.4.2(g) of the Rhode Island Radiation Control Agency regulations; and I understand that the registrant is required to comply with those provisions as to all radioactive material which he receives, acquires, possesses, uses, or transfers under the general license for which this Registration Certificate is filed with the Rhode Island Radiation Control Agency.

PRINTED OR TYPED NAME AND TITLE OF APPLICANT

SIGNATURE

DATE

FOR AGENCY USE ONLY

Registration number assigned*: GEN3-_____



**If this an initial registration, leave this space blank -- number to be assigned by the Agency. If this is a change of information from a previously registered general license, include your registration number*



Rhode Island Department of Health
3 Capitol Hill, Providence RI, 02908-5097
MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy.
(Case # _____)

Type of Professional/Business License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN for Business)

Signature

Phone Number (including area code if not 401)

Date

Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing.